



DP-306616, Pag

## DECLARATION and DESIGNATION OF CORRESPONDENCE ADDRESS

As an inventor named below, I hereby declare that: . .

My residence, post office address and citizenship are stated below next to my name.

I believe I am the original, first and sole inventor (if only one inventor is named below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter wh is claimed and for which a patent is sought in the spécification DP-306616 entitled

## MONOLITHICALLY INTEGRATED INFRARED SENSOR

I have reviewed and understand the contents of the above-identified specification including the claims, as amended by any amendment referred to in this Declaration.

I acknowledge my duty to disclose to the Patent and Trademark Office all information known me to be material to patentability as defined in title 37 Code of Federal Regulations, Section 1.56.

I further declare that all statements made above of my own knowledge are true, that all statements made above on information and belief are believed to be true, and that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under title 18 United States Code, Section 1001 ε may jeopardize the validity of the application or any patent issuing thereon.

Address all communications to

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DP-306616, Pag Inventor's signature Date. Full name Citizenship: US DAN W. CHILCOTT, GREENTOWN, :Residence :Post IN., 9391 EAST 100 NORTH office address: GREENTOWN, IN 46936 Inventor's signature Full name Citizenship: US HAN-SHENØ LEE, BLOOMFIELD :Residence :Post HILLS, MI 482 WHIPPERS-IN COURT, office address: DECOMPIELD HILLS, MI 48304 Date 17 Oct 26 Inventor's signature Full name Citizenship: US DAVID K. LAMBERT, STERLING :Residence :Post HEIGHTS, MI., 2380 LINDELL ROAD, office address: STERLING HEIGHTS, MI 48310 Inventor's signature Date Full name Citizenship: US TIMOTHY A. VAS, KOKOMO, IN., :Residence :Post 11117 EAGLE COURT, KOKOMO, IN office address: 46901





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